

ATTACHMENT 4

PAST PERFORMANCE/PROJECT REFERENCES QUESTIONNAIRE

RETURN RESPONSES TO:

**NNSA SERVICE CENTER
ATTN: LINDA WORTHINGTON
OBS/SITE SUPPORT DIVISION
P.O. BOX 5400
ALBUQUERQUE, NM 87185
PHONE: 505-845-4693
FAX: 505-845-4210**

**ALL RESPONSES MUST BE RECEIVED PRIOR TO CLOSING DATE OF
SOLICITATION AND MAILED OR FAXED TO THE ADDRESS ABOVE**

SECTION A: CONTRACTOR INFORMATION (to be completed by the Contractor
requesting evaluation prior to mailing)

A. Contractor's name and address: _____

B. Name of Company: _____

C. Project Description noting similarities with project specifications: _____

D. Contract Number: _____

E. Period of Performance and Contract Amount: _____

F. Point of Contact and Telephone Number (with area code):

G. Contract Type: _____

H. Contractor being evaluated performed as the _____

I. Authorization is hereby granted to provide the information requested in Section B or of this questionnaire.

Signature

Name and Title of Authorizing Official

Date

EVALUATED BY:

Date

Address

Phone Number

(U) Unsatisfactory: (1) Unsatisfactory performance record and this company would not be awarded another project in the near future.

2. SCHEDULE:

Contractor scheduled the project realistically, worked according to schedule, and addressed problems and changes in a timely manner.

3. PRICING:

Contractor exercised reasonable pricing and change order policies

4. SAFETY:

Contractor had a proactive safety program and performed the project with an emphasis on safety.

5. SATISFACTION: 1 2 3 4 5

Customer would have no reservations in awarding another project to the contractor.